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Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-21308 (E) 090209

Statement*

Advancing women's access to safe abortion: Fulfilling comments under the ICPD Programme of Action and the Millennium Development Goals

The ICPD Programme of Action called attention to the health consequences for women of unsafe abortion and called for actions to address this critical public health issue.

- Paragraph 7.6 states that abortion care should be an integral part of primary health care.
- Paragraph 8.25 declares that "In circumstances where abortion is not against the law, such abortion should be safe."
- In 1999, the United Nation's five-year review of POA implementation strengthened this call to action: "in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible."

Millennium Development Goal (MDG) 5, "Improve maternal health," seeks a 75% reduction of maternal mortality between 1990 and 2015 and includes a target of achieving universal access to reproductive health care. MDG 5 can be met only if unsafe abortion is effectively addressed.

The enormous disparity in maternal mortality and morbidity from unsafe abortion between rich and poor countries underscores that access to safe, comprehensive reproductive health services including abortion-related care is a development issue. Unsafe abortion constitutes a public-health crisis, a social injustice and a violation of women's human rights and dignity. Governments worldwide urgently need to adopt policies and interventions to eliminate unsafe abortion as an essential step toward meeting their obligations under the ICPD Programme of Action and achieving MDG 5.

A major, preventable cause of maternal deaths and injuries

Unsafe abortion accounts for approximately 13% of global deaths from complications of pregnancy and childbirth, and a much higher proportion in many developing countries. It is one of the easiest causes of maternal mortality to address, through improved access to family planning information and services, high-quality post-abortion care, and safe, legal abortion. Yet, unsafe abortion and its root causes remain largely neglected.

Research shows that women have abortions just as frequently where abortion is legally restricted as where it is broadly permitted by law, but deaths and injuries from unsafe abortion occur at much higher rates in restrictive settings. Globally, at least 66,500 women die each year from unsafe abortion. In just the past decade, well over half a million women have lost their lives because they lacked access to safe abortion services – women in the prime of life and who most often had children and families to care for. The toll of unsafe abortion is especially high in sub-Saharan Africa, where abortion laws generally are very restrictive. Adolescents and women younger than 24 years account for almost 46% of deaths related to unsafe abortion.

* Issued without formal editing.

Unsafe abortion also commonly results in long-term and chronic health problems, including reproductive tract infections and infertility. As with deaths related to unsafe abortion, the women most at risk of suffering serious complications are young, poor, and reside in rural areas of countries with restrictive abortion laws.

Progress addressing unsafe abortion since ICPD

Progress in addressing issues underlying abortion-related morbidity and mortality in the last several decades includes a dramatic overall increase in use of modern family planning methods. Between 1960 and 2000, the proportion of married women in developing countries using contraception to prevent unintended pregnancy rose from less than 10% to 60%. Such improvements have been uneven, however, with many poor countries still reporting very low contraceptive prevalence rates.

With support from a range of donors and strong government commitments in many countries, one important achievement since the ICPD has been expanding women's access to high-quality post-abortion care--treatment of abortion complications linked to post-abortion family planning to prevent repeat abortions and other critical reproductive health services. Improving the availability and quality of post-abortion care has saved women's lives, improved their health and benefitted health systems by reducing costs and freeing up resources for other needs.

The 15 years since the ICPD have also brought some improvements in access to safe abortion to the extent allowed by law. In 2003, the World Health Organization (WHO) issued *Safe Abortion: Technical and Policy Guidance for Health Systems*, a groundbreaking resource that paved the way for a number of countries to develop and disseminate national standards and guidelines on the scope and quality of abortion care. There has also been notable, though still insufficient, progress in training physicians, midwives, and other health providers, and in making technologies for safe abortion available and affordable, including vacuum aspiration instruments and pharmacological agents as recommended by WHO.

Other organizations and medical groups have issued clinical and ethical guidance on abortion. including the International Planned Parenthood Federation and the International Federation of Gynecology and Obstetrics (FIGO). FIGO's guidelines state that women have the right to access legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services.

Among the most important actions to reduce deaths and injuries from unsafe abortion is liberalizing abortion laws, which 36 countries did between 1995 and 2008. A number of national, state and provincial governments are now considering amending their laws to increase women's access to legal termination of pregnancy. Progress has also been made applying the provisions of international human rights treaties to ensure that women are able to exercise their right to terminate a pregnancy safely, based among others on their rights to health care, privacy and confidentiality, the benefits of scientific progress, and freedom from discrimination.

Actions required

Despite these improvements, much remains to be done if we are to stop women and girls from dying from unsafe abortions. Urgent needs include:

- ensuring that women, especially those who are most vulnerable, have access in their communities to the full range of reproductive health care in accordance with their human rights, including effective and affordable methods of contraception, post-abortion care, and safe abortion.
- efforts through community-based approaches and the media to help women understand how to prevent unintended pregnancy, their legal rights to safe abortion, the dangers of unsafe abortion, and where to obtain safe abortion care.
- training more health-care providers, and especially midlevel health professionals such as nurses and midwives, in clinical procedures and counseling for abortion care.
- eliminating violence against women and ensuring that women who are survivors of sexual violence have immediate access to psychological support, treatment of their injuries, emergency contraception, postexposure prophylaxis of HIV, treatment of sexually transmitted infections and safe legal abortion.
- promoting constructive dialogues at the national and local levels about unwanted pregnancy and unsafe abortion, and
- reforming policies and laws to increase access to safe abortion in accordance with human rights principles.

Effectively addressing unsafe abortion as a critical public health issue is crucial for achieving global commitments expressed in both the ICPD Programme of Action and the Millennium Development Goals. Governments and policymakers must hold themselves accountable to following through on those commitments.

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* E/CN.9/2009/1.

09-21285 (E) 100209

Statements*

Young people's sexual and reproductive rights

Over the past two decades, Sexual and Reproductive Health and Rights (SRHR), including those of young people, have gained increased recognition in platforms such as the Cairo Programme of Action (PoA), the Beijing Platform for Action and the Millennium Development Goals (MDGs). However, many of these policies have not materialised into action and adequate resource allocation; and laws have not been enforced consistently. Adequate funding by governments and inter-governmental agencies has proven difficult. The international community is undermining the integrity of its commitment by not honouring funding targets. Donor countries currently provide only half of the amount pledged in the PoA ($3.1 billion instead of the $6.1 billion promised by 2005). Donor support for contraceptives and condoms has decreased since 1994, and many countries now face a shortage of supplies.[1]

The current generation of young people is the largest the world has ever known, with approximately 1.5 billion young people between the ages of 12 – 24 worldwide, 1.3 billion of whom live in developing countries.[2] While we are in the year 2009, we continue to see regression in many States, where sexuality education is banned and censored, SRHR services are made unavailable to young adolescents, HIV treatment is made inaccessible, women continue to be sidelined and abused, as do lesbian, gay, bisexual and transgender people.

The direct consequences of the denial of the SRHR of young people in practice has led to young people being the most severely affected by sexually transmitted infections, including HIV/AIDS – almost 1/4 of those living with HIV are under the age of 25, and 1/3 of women living with HIV are between 15 and 24 years of age (see A/60/61-E/2005/7). Fewer than 40% of young people have basic knowledge of HIV transmission.[3] Young women are particularly at risk, as gender inequality reduces the ability of young women to negotiate condom use, to access services and education, and increases their exposure to violence and sexual abuse, including rape. Further, approximately 14 million young women between the ages of 15 and 19 years give birth every year. The majority of teenage births occur in the developing world, where the proportion of women who have their first child by age 18 is often between 25 – 50%.[4] The leading cause of death for young women aged 15 – 19 worldwide is pregnancy, with complications from childbirth and unsafe abortions as leading factors (see A/60/61-E/2005/7).

Without the leadership, capacity building and meaningful involvement of young people, these figures will only get worse. Young people are part of every constituency. Young people are

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* Issued without formal editing.

[1] UNFPA: National progress in implementing the ICPD Programme of Action 1994 – 2004. Geneva, 2005

[2] World Bank. World Development Report 2007.

[3] WHO, UNAIDS, UNICEF, "Towards Universal Access, Scaling Up Priority HIV/AIDS Interventions in the Health Sector, Progress Report, 2007.

[4] Alan Guttmacher Institute. "Into a new world: young women's sexual and reproductive lives" Available at: http://www.agi-usa.org/pubs/new_world_engl.html.

women, men, people living with HIV, lesbian, gay, bisexual and transgender people, injecting drug users, sex workers, in and out of school, working or seeking employment, religious and in all cases, young people have a tremendous capacity to achieve positive change in their communities when supported with the relevant skills, knowledge and resources. The right of young people's participation and the reality of their reproductive health and rights were acknowledged for the first time in 1994. The upcoming 15th anniversary of the ICPD provides an important opportunity to have young people's voices heard and demand that governments honour their commitments on ICPD goals for 2015.

What do young people need – countdown to 2015

- Access to contraceptives, comprehensive sexuality education and sexual and reproductive health care.

- The international community must recognise that comprehensive sexual education is a right that should be available to all young people, regardless of social, cultural, religious, sexual or HIV status.

- Recognition of the growing and special needs of youth and adolescents, including reproductive and sexual health issues, and taking into account the special situations they face, particularly those of young women.

- Recognition of the effects of gender based violence and early marriage on the development of girls and young women.

- The United Nations system and donors should complement and enhance Government' efforts to mobilise and provide adequate resources to respond to young people's needs (see A/S-21/5/Add.1).

- Acknowledgement and support of youth and youth organisations as indispensable partners in decision-making processes and development, by involving youth organisations in the planning, implementation and evaluation processes related to ICPD.

- Contribution to the capacity and development of sustainable youth participation and partnerships with youth.

- More opportunities for youth to generate income, secure financing and funds to establish projects and organisations for and by young people that focus on sexual and reproductive health and rights.

* * *

Make Rights Real

Introduction: promoting sexual and reproductive health and rights through a rights-based approach

Full sexual and reproductive health for all cannot be achieved without respecting, protecting and fulfilling human rights. In reality, however, implementing sexual and reproductive health projects using a Rights-Based Approach can be challenging. International rights and local realities are sometimes far apart.

The conference on rights and realities in promoting sexual and reproductive health and rights, organised by Youth Incentives and World Population Foundation, November 10-11, 2008, in Rotterdam, The Netherlands, discussed a rights-based approach to sexual and reproductive health in the realities of the working environments of participants, with the objective of reaching reproductive health for all by 2015.

What is a Rights-Based Approach?

The human rights norms, standards and principles are contained in international and regional treaties and declarations and include the principles of accountability, empowerment, participation and non-discrimination.[5] When ratified, they are legally binding and states are obligated to protect, promote and fulfill these human rights.

A rights-based approach to health means integrating human rights norms and principles in the design, implementation, monitoring and evaluation of health-related policies and programmes. These rights include human dignity, special attention for the needs and rights of vulnerable groups, and an emphasis on ensuring that health systems are made accessible to all. The principles of equality and freedom from discrimination are central, including notably freedom from discrimination on the basis of sex and gender roles. Integrating human rights into development also requires special efforts for empowering poor people, ensuring their participation in decision-making processes that touch their lives and incorporating accountability mechanisms which they can access.[6]

The Rights-Based Approach to Sexual and Reproductive Health

The rights-based approach recognizes and respects all people as sexual and reproductive beings who have the right to correct information, access to services and education, but who also need to be protected from sexually transmitted infections/HIV, violence, coercion, discrimination, stigmatization and unwanted pregnancies. A rights-based approach calls for the conditions that make it possible for people to live their lives with confidence, pleasure and safety in all aspects of sexuality.

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[5] Available from www.unhcr.ch/development/right.html.
[6] See www.who.int/trade/glossary/story054/en.

Why is a Rights-Based Approach to Sexual and Reproductive Health important?

Unwanted pregnancies, HIV infections, gender based violence, homophobic violence, sexual violence, lack of access to education for women and girls are among the consequences of not adhering to a rights-based approach. Without realizing sexual and reproductive health and rights, the Millennium Development Goals that relate to sexual and reproductive health and rights (especially Goals 3, 4, 5 and 6) will not be achieved. The Cairo Programme of Action reflected in the target added to Goal 5 in 2005 "Reproductive Health for all in 2015" will remain far from being realized.

As many countries have recognized the sexual and reproductive health and rights of people by signing on to international treaties and declarations, governments - as primary duty bearers - can be held accountable to realize the rights and can be used to overcome these challenges. But institutions and civil society organizations have an as important role to play in realizing sexual and reproductive health and rights, both as rights holders and as duty bearers towards their target groups and towards holding their governments accountable. In fact every individual has a role to play, in his or her professional as well as private life.

To underline the importance of the Rights-Based Approach to Sexual and Reproductive Health and Rights, the 250 participants of the conference "Rights and Realities in promoting sexual and reproductive health and rights" (Rotterdam, 10-11 November 2008) from 5 different continents have adopted the following recommendations:

For sexual and reproductive health and rights to be realized human rights have to be applied to sexuality.

We, participants of this conference, believe that by putting rights based principles into practice, we will contribute towards reaching sexual and reproductive health and rights for all.

Therefore, we call upon ourselves, our colleagues of non-governmental organizations and policy makers at all levels, to put rights based approaches into practices by:

- Advocating for and working towards the full implementation of the Program of Action of the International Conference on Population and Development held in Cairo in 1994 and the Beijing Platform for Action

- Advocating towards the realization of the Millennium Development Goals, with a particular focus on Goal 3 - gender equality - and Goal 5 - maternal health - target of reproductive health for all in 2015

- Ensuring meaningful participation of all stakeholders at all levels of decision making within our organizations and within government bodies

- Working towards rights based comprehensive sexuality education and sexual and reproductive health services for all with a particular focus on young people
- Strengthening a positive approach towards sexuality by promoting the conditions that make it possible for people to live their lives with confidence, pleasure and safety in all aspects of sexuality
- Promoting non-discrimination, empowerment, participation and accountability within our organizations, programmes and projects
- Monitoring governments' adherence to rights based treaties at the UN and regional level and acting when necessary to ensure governments honour their commitment
- Providing sufficient budget allocations and donor funds for development and implementation of policies and programs that promote sexual and reproductive health and rights at all levels and that enable meaningful participation of all stakeholders
- Bridging the gap between process oriented Rights-Based Approaches and result oriented donor requirements by long-term commitments and process oriented results
- Developing and providing practical tools to apply the Rights-Based Approach effectively

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Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

Family planning and reproductive health services and supplies: essential to achieving the internationally agreed development goals including the Millennium Development Goals

Sufficient funding for quality reproductive health and voluntary family planning services and supplies is essential to achieving the goals of the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals.

Achieving the goals of the International Conference on Population and Development Programme of Action is essential to the Millennium Development Goals

The International Conference on Population and Development goal of achieving universal access to reproductive health including family planning underpins achieving the Millennium Development Goals. In particular, Goal 5: Improve Maternal Health, and target 5b, to realize universal access to reproductive health, will not be reached unless family planning and reproductive health services and supplies are made available and accessible when needed. Family planning services and the prevention of unplanned pregnancies could reduce maternal deaths by 25 to 40 per cent annually.[1] All relevant stakeholders must acknowledge that unless women and men have access to sufficient quantities of reproductive health supplies (including for family planning), Goal 5 will not be met and maternal mortality will remain high.

Improving sexual and reproductive health and rights also helps achieve Goal 4: Reduce Child Mortality. Birth spacing, made possible by family planning, saves lives: children born 3 to 5 years after a previous birth are two and a half times more likely to survive than children born less than 2 years after the previous birth.[2] Improving reproductive health enhances women's lives, and healthier mothers have healthier children.[3]

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* Issued without formal editing.

[1] Campbell, OMR and WJ Graham, 2006. "Strategies for Reducing Maternal Mortality: Getting On with what Works". The Lancet. 368:2121-2122.

[2] Setty-Venugopal, V. and Upadhyay, U.D. 2002. "Birth Spacing: Three to Five Saves Lives." Population Reports, Series L, No. 13. Baltimore, Johns Hopkins Bloomberg School of Public Health, Population Information Program, Summer 2002. Available from: http://www.infoforhealth.org/pr/l13/l13.pdf.

[3] Greene, Margaret, 2008. "Poor Health, Poor Women: How Reproductive Health Affects Poverty." Focus on Population, Environment, and Security. Issue 16, June 2008. Washington, DC: Woodrow Wilson International Center for Scholars and USAID. Available from: http://www.google.com/url?sa=t&source=web&ct=res&cd=1&url=http%3A%2F%2Fwww.wilsoncenter.org%2Ftopics%2Fpubs%2FECSP_Focus_Greene_web.pdf&ei=GcJrSZGxFom4sAOGx7jeCg&usg=AFQjCNHN0Ika0OIIqy5ScK_g9GnVSxg7zA&sig2=qJcMFGrasK0sM5lsYna3yw.

Population issues also affect the achievement of Goal 7: Ensure Environmental Sustainability.[4] Lack of access to modern family planning is a main driver of the estimated 52 million unintended pregnancies worldwide annually, which contributes to the yearly net increase in global population of 80 million people.[5,6] Though the relationship between population and greenhouse gas emission is complex, population growth—especially in industrialized and industrializing countries—increases energy consumption and contributes to the emission of greenhouse gases. In the developing world, population growth is a contributor to deforestation, desertification, the degradation of oceans and waterways and climate change. Population growth also increases the number of people vulnerable to climate-related natural disasters and other impacts. Since women are particularly vulnerable to climate change due to their relative lack of control over resources and decision-making, ensuring women's sexual and reproductive health and rights could help women and their families better cope with the negative impacts of climate change. Therefore, in addition to other efforts, voluntary programmes that can slow population growth should be part of a strategy to improve environmental sustainability and resilience to climate change.

Donor funding is falling short

Despite the strong linkages between family planning, reproductive health, and achieving the International Conference on Population and Development Programme of Action and Millennium Development Goals, donor funding is falling short of commitments and needs. In 2006, donors as a whole provided merely US$ 366 million for family planning,[7] nearly US$ 1 billion less than in 2005 and far short of the US$ 5.2 billion donor share required to achieve the International Conference on Population and Development Programme of Action.[8] Additionally, donor support for contraceptive supplies—an essential part of donor assistance for family planning—has stagnated at about $210 million per year since 2001.[9] Donor funding for reproductive health is also falling short: in 2006 donors gave US$ 1.5 billion in support of reproductive health, nearly US$ 1 billion below the US$ 2.4 billion donor share.[10]

In the coming years, domestic financial hardships may lead donors to cut development assistance. Despite challenges, we urge all donors to live up to their long-standing commitment to

[4] Population Action International. 2008. "What Do We Know About Population and Climate Change?" Washington DC: Population Action International. Available from: http://www.populationaction.org/Issues/Population_and_Climate_Change/What_We_Know. shtml.

[5] Singh, Susheela, Jacqueline Darroch, Michael Vlassoff, Jennifer Nadeau. 2003. "Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care." Washington, DC and New York, NY: Alan Guttmacher Institute. Available from: http://www.google.com/url?sa=t&source=web&ct=res&cd=1&url=http%3A%2F%2Fwww.guttmacher.org%2Fpubs%2Faddingitup.pdf&ei=871rSf6XCYHasAP11-jRCg&usg=AFQjCNEdUy2ZjJXIqspvryvv6UD-ZQc7pg&sig2=u8plvqdpLkZjwXu6NDV5w.

[6] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. 2007. "World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2007 Revision". New York, NY: United Nations. Available from: http://www.un.org/esa/population/unpop.htm.

[7] UNFPA/NIDI. 2008. "Financial Resource Flows for Population Activities in 2006: Table 4. Final Donor Expenditures for Population Assistance by Category of Population Activity, 1996-2006." Available from:http://www.resourceflows.org/index.php/articles/288.

[8] Financial requirements refer to the 1994 ICPD estimates adjusted for inflation. These estimates are currently being updated by UNFPA.

[9] UNFPA. 2008. "Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2007." New York: UNFPA. Available from: http://www.unfpa.org/upload/lib_pub_file/796_filename_updated_donor_support_report.pdf.

[10] UNFPA/NIDI. 2008. "Financial Resource Flows for Population Activities in 2006: Table 4. Final Donor Expenditures for Population Assistance by Category of Population Activity, 1996-2006." Available from: http://www.resourceflows.org/index.php/articles/288.

devote 0.7 per cent of their gross national income to development assistance, and to target funding for quality reproductive health and voluntary family planning services and supplies where they are lacking. Where achieving the 0.7 per cent target is not attainable, donors must protect essential development support including funding for sexual and reproductive health and rights, health system strengthening, girls' education, and gender equality from possible funding cuts.

New challenges for Governments of the South

The Millennium Development Goals and new aid modalities have shifted ownership of the development agenda and priority-setting increasingly to the country level. Given this new reality, we encourage all developing-country Governments to create an enabling environment for sexual and reproductive health and rights. They must ensure that citizens have access to information, are educated, and facilitate communication about family planning options including providing evidence-based information about contraceptive methods to dispel myths. Strengthening civil society advocacy and participation in domestic decision-making in the South is fundamental to ensuring that adequate family planning and reproductive health services and supplies become a reality, globally and locally.

Governments of the South must prioritize reproductive health supplies and services, and mobilize new sources of financing to meet needs. We urge African Governments to realize their Maputo commitments and devote 15 per cent of their national budget to health sector financing. In line with demand, Governments of the South should ensure that there is a dedicated line within the national budget to fund the provision of reproductive health supplies including contraceptives. Resources in that line must be protected, and spent as planned. Civil society groups and the public should be able to fully participate in consultative and decision-making processes around the national budget and policy decisions at the national and subnational levels. Governments in low- and middle-income countries should submit proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria that include the procurement of male and female condoms, as well as other contraceptives and reproductive health supplies. The Global Fund should sustain and increase efforts to make clear in its guidelines and conversations with stakeholders that it supports the procurement of reproductive health supplies wherever countries demonstrate a positive outcome for HIV.

Changing aid modalities have brought new challenges and opportunities in providing quality reproductive health and family planning services and supplies. Evidence suggests that the transition from in-kind donor contributions to budget or health sector support, where aid-recipient countries are responsible for procurement and distribution of family planning and reproductive health supplies, can jeopardize contraceptive security.[11] Governments of the South must continue to build their capacity for procurement, logistics and distribution of quality reproductive health supplies. Health system strengthening initiatives should reinforce efficient coordination systems for procurement and distribution of contraceptives and other commodities. Donors should use a mix of

[11] Oritz, Christine, Nadia Olson, Mark McEuen, Paula Dowling. 2008. "Primer: Ensuring Reproductive Health Commodity Security within a Sector Wide Approach." Arlington, VA: USAID Deliver Project, Task Order 1. Available from: http://deliver.jsi.com/dhome/countries/countrypubs?p_persp=PERSP_DLVR_CNTRY_BD.

funding mechanisms depending on the country context and needs, and be ready to provide emergency in-kind donations where necessary.

Conclusion

Achieving universal access to reproductive health and family planning services and supplies is fundamental to achieving the goals of the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. If reaching the Millennium Development Goals is to become a reality, current donor shortfalls in funding for reproductive health and family planning must be filled and quality services and supplies must be available to all. Governments of the South must prioritize reproductive health and family planning, create an enabling environment for civil society and public participation in development planning, and build their capacity to ensure reproductive health and contraceptive security.

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Statement submitted by Family Welfare in Brazil Civil Society, a non-governmental organization in consultative status with the Economic and Social Council

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Statement*

BEMFAM, a Brazilian non-governmental organization with special consultative status in ECOSOC, understands that the Cairo Plan of Action resulted in an important change on the paradigms that conduct the policies related to population and development.

The Cairo Plan of Action, and its relations with the Millennium Development Goals, redefines the universal access to reproductive health based on the concept of human rights, contemplating more comprehensive issues related to population, environment and consumption patterns, family, internal and international migration, prevention and control of HIV / AIDS, information, education and communication, technology, research and development. Specifically on sexual and reproductive rights, it reflects gender relations, which follows strengthening the inequalities that maintain the state of vulnerability of women, especially young ones. In turn, the Millennium Development Goals identify social inequality as one of the most difficult challenges that humanity faces.

In this direction, nothing is more urgent than achieving sustainable development that faces the challenges of poverty and inequality. It is basic to extend the efforts of international cooperation for the institutional strengthening of the developing countries and territories, as well as design and implement public policies for social inclusion, centered in education that provides universal access to health services, prioritizing the rates reduction of infant and maternal mortality.

In this context, BEMFAM have been working in Brazil, in other Latin American countries and in Africa in the field of social action, education, health and defense of sexual and reproductive rights, fighting for the overcoming of gender inequalities, which constitutes serious obstacle to general health, as well as to the exercise of rights and citizenship.

Considering the need to emphasize social development as a propellant mechanism for reducing inequalities, taking care of the necessities from the least favored and vulnerable in our societies, we call all members of the international community, governments, civil society and international agencies, to prioritize efforts to guarantee equality of opportunities regardless of gender, race, ethnic group, ideology, religion or sexual option, as a form to contribute to the reduction of poverty and to promote socioeconomic and environmental development necessary to improve the population quality of life.

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Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

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Statement*

The International Planned Parenthood Federation welcomes the priority theme of the forty-second session of the Commission on Population and Development: "The contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals".

The Millennium Development Goals framework is a valuable development agenda. It does, however, have limitations. For instance, the Millennium Development Goal development paradigm does not recognize or call for action on some key aspects of development, such as specific goals and targets related to young people, violence and conflict, nor is there a comprehensive approach to sexual and reproductive health and rights, as envisaged by the Programme of Action of the International Conference on Population and Development.

The Programme of Action of the International Conference on Population and Development, the Millennium Declaration and the Millennium Development Goals approach development as a complex process which necessitates simultaneous advances on a range of interlinked issues: education; gender equality; health; environmental sustainability; and partnerships. Like the Programme of Action, the Millennium Development Goals rely on quantifiable targets and indicators, including the recently added Millennium Development Goal target 5b on universal access to reproductive health — a direct contribution of the Programme of Action.[1]

However, the Programme of Action of the International Conference on Population and Development, impacts either directly or indirectly on all of the Millennium Development Goals. Therefore, in order to achieve the Millennium Development Goals, those aspects of the Programme of Action not specifically included within the Millennium Development Goals require addressing, including the importance of partnership with civil society and the implementation of a rights-based approach to development. The recognition of sustainable development by Governments is essential, as is the requirement for the adoption of strategies to address crises and emergency situations, including the provision of sexual and reproductive health and rights information and services, in order to protect the most vulnerable.

The Programme of Action of the International Conference on Population and Development has successfully influenced population, health and human rights policies. Much has been accomplished in some countries, but health, and women's health in particular, has not been prioritized despite the right to health being recognized as a human right. The lack of priority for health, particularly sexual and reproductive health including maternal health, is not only a social injustice, but a basic denial of human rights.

Extreme poverty will not be significantly reduced (Goal 1) unless comprehensive sexual and reproductive health policies and programmes that reach the poorest people and realize the vision of the International Conference on Population and Development are successfully implemented. In "Investing in

* Issued without formal editing.

[1] Para. 7.6 of the Programme of Action on access to reproductive and sexual health services including family planning.

Development" (2005), the UN Millennium Project demonstrated that access to sexual and reproductive health information and services is essential for achieving the Millennium Development Goals. Gender equality cannot be achieved without guaranteeing women's and girls' empowerment and sexual and reproductive health and rights. As former United Nations Secretary-General Kofi Annan noted, the Millennium Development Goals will not be achieved unless issues of population, reproductive health and women's rights are addressed.[2] More recently, current Secretary-General Ban Ki-moon called on Governments to honour commitments made at the International Conference on Population and Development and stressed the importance of family planning and the International Conference on Population and Development framework for achieving the Millennium Development Goals.[3] In this way, the achievement of the Millennium Development Goals is directly dependent on the fulfilment of human rights, including sexual and reproductive rights, and widespread access to sexual and reproductive health services.

"Health is also central to the Millennium Development Goals as it is central to poverty reduction and development. Good health is not just an outcome of poverty reduction and development: it is a way of achieving them."[4] Four Millennium Development Goals are directly related to health, while three are also related: Goal 1 (to eradicate extreme poverty and hunger); Goal 7, in terms of access to food and water, vectors of disease and numerous other ways, and Goal 8 (to develop a global partnership for development). Both remaining goals (achieving universal primary education and empowering women (Goals 2 and 3)) directly impact on health, and vice versa.

Two hundred million women currently lack access to contraceptives; only 58 per cent of women in developing countries deliver with the assistance of a midwife or doctor and only 3 per cent of HIV-positive pregnant women are offered drugs to prevent transmission from mother to child.[5] The provision of family planning services to HIV-positive women is crucial. In addition, an estimated 122.7 million married women have an unmet need for contraception.[6] It is well

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[2] Master Plans For Development, UNFPA at http://www.unfpa.org/icpd/mdgs-icpd.cfm (accessed 28 November 2008).

[3] "Secretary-General's Message For World Population Day Stresses Need To Focus On Family Planning As Critical Element In Improving Maternal Health" UN Secretary-General Ban Ki-moon's message on World Population Day, 2008 at http://7thspace.com/headlines/286234/secretary_generals_message_for_world_population_day_stresses_need_to_focus_on_family_planning_as_critical_element_in_improving_maternal_health.html (accessed 14 January 2009).

[4] 7th International Dialogue on Population and Sustainable Development "Exploring cultural diversity and gender equality: towards universal access to sexual and reproductive health and rights" 15th-16th October 2008, Berlin, Germany *The Millennium Development Goals, Maternal Mortality and the Right to the Highest Attainable Standard of Health by Professor Paul Hunt UN Special Rapporteur on the right to the highest attainable standard of health (2002-2008), University of Essex, UK, and University of Waikato, New Zealand.*

[5] New Partnership Promises Universal Push to Save the Lives of Women and Children, UNFPA, 12 September 2005, at http://www.unfpa.org/news/news.cfm?ID=675 (accessed 1 December 2008).

[6] International Family Planning Perspectives, Volume 28, Number 3, September 2002, Unmet Need for Contraception in the Developing World And the Former Soviet Union: An Updated Estimate By John A. Ross and William L. Winfrey.

documented that educated girls and women provide better care and nutrition for themselves and their children.[7]

Voluntary family planning programmes are widely recognized as one of the most cost-effective health interventions.[8] At least 200 million women want to space or limit their pregnancies, but are unable to because they lack access to safe and effective family planning methods.[9] In addition, access to emergency obstetric care remains low, while birth rates among adolescent girls and young women, who are most vulnerable to complications in childbirth, remain high.

The 2008 high-level event on the Millennium Development Goals noted advances on some Millennium Development Goals but showed that Goal 5 (Improve maternal health) demonstrated the least progress to date. At present, the world's maternal mortality ratio is declining at too slow a rate to reach Goal 5 by 2015. To reach this Goal, an annual decline of 5.5 per cent between 1990 and 2015 is required. However, the actual rate of decline stands at below 1 per cent. In 2005, an estimated 536,000 women died of maternal health-related causes, compared with 576,000 in 1990,[10] though other credible estimates place this figure at 872,000.[11] Uncertainty about the true scale of maternal mortality, particularly in sub-Saharan Africa and Asia, is due to a lack of data from countries with some of the worst death tolls, a tendency to underreport maternal deaths, particularly if related to illegal unsafe abortions, and the use of national averages.

The interventions needed to improve maternal health — especially family planning, emergency obstetric care and the presence of a skilled birth attendant — are widely recognized and cost-effective. Access to family planning reduces unwanted pregnancies, unsafe abortion and maternal mortality and morbidity. Access to voluntary family planning alone could reduce maternal deaths by 20-35 per cent, while ensuring skilled attendance at delivery, backed up by emergency obstetric care, would reduce maternal deaths by approximately 75 per cent.[12] However, donor support for family planning has decreased dramatically. Funding explicitly for family planning as a proportion of population funding declined from 55 per cent in 1995 to 5 per cent in

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[7] 7th International Dialogue on Population and Sustainable Development "Exploring cultural diversity and gender equality: towards universal access to sexual and reproductive health and rights" 15th-16th October 2008, Berlin, Germany *The Millennium Development Goals, Maternal Mortality and the Right to the Highest Attainable Standard of Health by Professor Paul Hunt UN Special Rapporteur on the right to the highest attainable standard of health (2002-2008), University of Essex, UK. and University of Waikato, New Zealand.*

[8] Voluntary Family Planning: An Investment in Our World's Future, Washington, D.C., 12 June 2006, PAI. http://www.populationaction.org/Press_Room/Viewpoints_and_Statements/2006/06_12_FPanalysis.shtml (accessed 1 December 2008).

[9] Family Planning: So that Every Pregnancy is Wanted, UNFPA, http://www.unfpa.org/rh/planning.htm (accessed 28 November 2008).

[10] Maternal Mortality Declining in Middle-income Countries; Women Still Die in Pregnancy and Childbirth in Low-income Countries, *joint Press Release, 12 October 2007,* at http://www.unfpa.org/news/news.cfm?ID=1042&Language=1 (accessed 08 December 2008).

[11] Rt. Hon Malcolm Bruce MP, Chairman of the International Development Select Committee (UK), International Development Committee: Maternal Health Inquiry, 2 March 2008, at http://www.parliament.uk/parliamentary_committees/international_development/indMH.cfm (accessed 12 December 2008.

[12] Maternal Death is "Tip of Iceberg", UNFPA Executive Director Warns, 2 April 2007, UNFPA, at http://www.unfpa.org/news/news.cfm?ID=951 (accessed 14 January 2009).

2006.[13] Poor access to these interventions within a high-quality comprehensive health service package is a significant barrier to improving maternal health. If Member States significantly increased their investment in health systems, and dedicated the resources required to provide universal access to voluntary family planning, skilled birth attendants and emergency obstetric care and services to prevent and treat sexually transmitted infections, including HIV, the health of women, families and communities would inevitably improve which would in turn contribute significantly to the achievement of the Millennium Development Goals.

The ability of women to freely decide the number and spacing of their children is central to Goal 3: gender equality and the empowerment of women. As has been noted, "women aren't seeking more children, but more for their children".[14] Family planning and reproductive health and rights lead to empowerment and increased opportunities for women to participate in economic, social and decision-making forums. As a result of later first pregnancy, fewer pregnancies and birth spacing, women are likely to have healthier pregnancies and babies; children are more likely to survive and less likely to be malnourished. The elimination of child marriage helps reduce risks associated with early childbearing including fistula and uterine prolapse. Alternatives to child marriage can be created by providing and promoting economic opportunities for women. Eliminating traditional practices and gender-based violence, including female genital mutilation, will help to achieve Goal 3 and the Programme of Action of the International Conference on Population and Development. Men and boys play a key role in realizing this goal as envisaged in the Programme of Action, as does women's economic empowerment.

The strong commitment of the International Conference on Population and Development to adolescents and young people is implicit, but not explicit, within the Millennium Development Goals, yet young people make up half the world's population and deserve a better, brighter future. Complications from pregnancy and childbirth are the leading cause of death among young women aged 15-19 in developing countries.[15] It should be noted that half of all new HIV infections are among young people, demonstrating a failure to implement the outcome of the International Conference on Population and Development. "Young people (15-24 years) remain at the centre of the AIDS pandemic in terms of transmission, vulnerability and impact, with an estimated 4,000-5,000 people in this age group acquiring HIV every day".[16] The transmission of HIV is fuelled by gender inequality which places adolescent girls and women at grave risk, including within marriage, and is exacerbated by high rates of forced and early marriage in many countries. Universal access to reproductive health, including information, education and services, is crucial to reducing the spread of HIV and AIDS and sexually transmitted infections. Linkages between reproductive health and rights programmes, especially family

[13] Funds for Family Planning and Reproductive Health, Presentation to the Third International Parliamentarian's Conference on the Implementation of the ICPD Programme of Action J. Joseph Speidel, MD, MPH UCSF Bixby Center for Reproductive Health Research and Policy, November 22, 2006, and UNFPA Factsheet 2008.

[14] Robert Engleman, *MORE: Population, Nature and What Women Want*, (2008), Island Press, Washington, USA.

[15] Maternal Death is "Tip of Iceberg", UNFPA Executive Director Warns, 2 April 2007, at http://www.unfpa.org/news/news.cfm?ID=951 (accessed 28 November 2008).

[16] Young people and HIV: the evidence is clear — act now! World Health Organization, at http://www.who.int/mediacentre/news/releases/2006/pr39/en/index.html (accessed 28 November 2008).

planning and sexual health and HIV and AIDS programmes, are especially critical to achieving Millennium Development Goals 4, 5 and 6.

Recommendations

Addressing the reproductive health and rights of young people is critical to achieving the Millennium Development Goals. Investing in education, including comprehensive sexuality education, plays a major role in addressing these concerns along with targeted investment in the provision of and access to reproductive health supplies, services and information. However, "effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education".[17] A comprehensive rights-based approach to HIV/AIDS will also reduce stigma and discrimination against marginalized and vulnerable groups.

Recognizing that poverty cannot be eliminated without comprehensive sexual and reproductive health and rights, the International Planned Parenthood Federation believes that Member States must:

- Recognize that the deadline for both the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals will occur in 2015 which will urgently require increased political will and resources if they are to be achieved
- Develop, for 2015, a coherent, visionary, rights-based development framework that incorporates the most crucial aspects of the Millennium Development Goals and the International Conference on Population and Development, in order to achieve sustainable social and economic development
- Recognize the linkages between the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals and reaffirm and implement the political and financial commitments for the implementation of the Programme of Action and its role in achieving the Millennium Development Goals
- Prioritize implementation and monitoring of the "universal access to reproductive health" target (Goal 5b), including family planning, pre- and antenatal care, skilled attendance at birth and emergency obstetric care
- Prioritize resources to meet the sexual and reproductive health and broader development needs of adolescents and young people across the Millennium Development Goals, including through the provision of comprehensive sexuality education and youth-friendly services
- Ensure access to comprehensive safe abortion care and services in order to decrease maternal mortality and morbidity and, where necessary, remove existing legal, financial and other barriers
- Recognize the importance of economic and social stability, especially in fragile States, for lifting individuals, families and communities, especially the chronically poor, out of poverty

[17] *The Politics of Prevention*, p. 89, Pluto Press, Boler and Archer (2008), citing the Committee of the Rights of the Child's interpretation of the 1996 Convention on the Rights of the Child.

- Governments must provide sexual and reproductive health services for women and young people (including internally displaced persons and refugees) during crises and the rebuilding of societies

- Develop and provide sex-disaggregated data and appropriate indicators to monitor progress for achieving the Millennium Development Goals[18]

- Address health inequities and poverty reduction in middle-income countries;

- Enable civil society to participate in the development, implementation and evaluation of policies and programmes to achieve the goals set at the International Conference on Population and Development and the Millennium Development Goals, thereby contributing towards good governance and accountability

- Address women's human rights, including economic and legal rights, through the creation of a policy environment that provides equal employment opportunities, salaries and access to credit, inheritance and property rights

- Eliminate violence against women, including sexual violence and child marriage, to help reduce maternal mortality and morbidity and sexually transmitted infections, including HIV, and ensure human rights for girls and women

- Ensure that adequate financial resources are available to achieve the Millennium Development Goals: wealthy nations must fulfil their commitment of 0.7 per cent of their gross national product to official development assistance before 2015; meeting the Millennium Development Goals costs approximately one half of 1 per cent of wealthy nations' gross national product.[19]

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[18] As per para. 46, *Key Actions for the Further Implementation of the Programme of Action of the ICPD.*

[19] Master Plans For Development, UNFPA at http://www.unfpa.org/icpd/mdgs-icpd.cfm (accessed 28 November 2008).

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Statement submitted by Interact Worldwide, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-21354 (E) 120209

Statement*

Interact Worldwide welcomes the opportunity to contribute to the 42nd session of the Commission on Population and Development. Interact Worldwide is an international sexual and reproductive health and rights (SRHR) non-governmental organization (NGO) with over 30 years' experience in supporting sexual and reproductive health information and services in some of the world's poorest communities.

We have consulted with implementing partners who are engaged in efforts to scale up comprehensive and integrated responses to sexual and reproductive health, including maternal health, and HIV services in the preparation of this statement.

Drawing on the experiences of partners in India,[1] Pakistan[2] and Ethiopia, we have concentrated our submission on: "Do the MDGs allow for implementation of comprehensive sexual and reproductive health and rights activities?"

While the International Conference on Population and Development (ICPD) Programme of Action (POA) contributed significantly to the widening of the international agenda on SRHR, by defining a comprehensive SRHR agenda, it has suffered from inconsistent implementation.

In the 15 years since this landmark conference other international development frameworks have been agreed, the most significant being the Millennium Development Goals (MDGs) endorsed by UN States in 2000. The MDGs have become the overarching framework for the implementation of development activities supported by technical agencies, development donors and civil society. It is therefore opportune to ask how well the MDGs have allowed for the implementation of comprehensive SRHR activities as envisaged within the ICPD POA.

The MDGs have contributed to a shared vision between development partners on the factors that underline poverty and strategies for combating poverty. This is understood at all levels of Government, which has facilitated strategies for service provision at community level.

Regrettably, the 2000 Millennium Declaration made no direct reference to the achievement of universal access to sexual and reproductive health and rights, as agreed at ICPD. However, POA themes, such as reducing maternal and child deaths, reducing HIV infection rates, promoting gender equality and the need for a global partnership, were integrated into the MDG framework.

The limited recognition of the comprehensive ICPD POA represented to many a lost opportunity to fund and implement family planning, adolescent SRHR services, sexuality services and other indicators that encompass a comprehensive approach to SRHR. These omissions were partially

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* Issued without formal editing.

[1] Solidarity and Action Against the HIV Infection in India (SAATHII) and The Child in Need Institute (CINI).

[2] Community Support Concern (CSC), Pak Plus Society and Pakistan Voluntary Health and Nutrition Association (PAVHNA).

resolved in 2005 with the addition of a new target within MDG 5 to achieve universal access to reproductive health by 2015.

Yet, there are significant gaps in recognizing the centrality of sexuality and choice in relation to sexual and reproductive rights which remain missing from internationally agreed development frameworks. Thus, our partners experience a misunderstanding of the importance of SRHR issues in efforts to achieve the MDGs within different levels of Government, leading to a lack of uniform service delivery.[3]

Additionally, the narrow focus of the SRH indicators within the MDGs can result in the restriction of activities outside of these. The indicators for target 5b - contraceptive prevalence rate; adolescent birth rate; antenatal care coverage (at least one visit and at least four visits); unmet need for family planning - tend to focus on a narrow approach that can be of poor quality.[4] Also, owing to the need to demonstrate achievement, this approach is considered by some partners as unethical, as it ignores the specific needs of vulnerable and marginalized communities.

Some partners have reported that the importance of the MDGs has enabled community-based organizations to access funds to implement certain SRH interventions. In Pakistan, a focus on achieving MDG 6 to combat HIV and AIDS has contributed to an enabling environment for SRH services for communities with significant vulnerability to HIV, such as sex workers and men who have sex with men (MSM). Nevertheless, the lack of recognition of the SRHR needs of marginalized groups within the RH indicators of target 5b means that current efforts are inadequate to meet the needs of sex workers and MSM. This also limits efforts to address HIV, particularly in vulnerable communities in India, Nicaragua and Pakistan, for instance.

As expressed by an Indian partner, the limited emphasis on sexuality and gender identity restricts their ability to conduct comprehensive and effective SRHR services. Other partners have found that the lack of explicit targets within the MDGs on SRHR results in their not being able to place adequate focus on addressing discrimination on the basis of sexual orientation or combating gender-based violence, which were highlighted within the ICPD POA agenda.

Partners continue to find major barriers to the uptake of SRHR services to include stigma and discrimination, social inhibitions in discussing sexuality and sexual behaviors, gender bias and fundamentalist views in faith communities. These social and cultural factors lead to low levels of demand for the testing and treatment of sexually transmitted infections including HIV, a poor contraceptive prevalence rate and resulting high levels of unwanted pregnancy, HIV infection and sexual violence as well as overall challenges in the promotion of health-seeking behaviours.

Incorporating a broader SRHR agenda within efforts to achieve universal access to reproductive health would require UN Member States to reach consensus on politically sensitive issues, including gender identity and sexual diversity in order to ensure the protection of the rights of highly

[3] CINI.
[4] SAATHII.

stigmatized groups like sexual minorities, sex workers and people living with HIV and AIDS. The recent UN General Assembly debate on a declaration calling for an end to "killings committed for any discriminatory reason, including sexual orientation", and a joint statement on human rights, sexual orientation and gender identity on behalf of 66 States, demonstrated that no State takes issue with the principle that all persons should be protected from violence, harassment and abuse, on any ground whatsoever, and most support repealing laws that criminalize homosexuality.

Given UN States have legal obligations to implement the Universal Declaration of Human Rights as well as the international rights treaties they have ratified, it is important to reinforce and complement efforts to achieve the MDG targets by furthering the ability to improve SRHR for all groups.

To date, significant funding from Governments to systemically improve SRH services and reproductive health (RH) supplies has been limited.[5] Donors and technical agencies must work with national Governments to create an enabling environment for SRHR. There is a need for an overall increase in allocations for SRHR services and reproductive health supplies, in line with demand.

It is also important to note that national efforts to combat maternal morbidity and mortality are one of poorest areas in the pursuit of the achievement of the MDGs. Perhaps this is due to a poor consideration of the components of a comprehensive approach to improve SRHR.

While efforts to achieve the MDG 6 have massively increased international resources available for health, this has had limited success in leveraging funds for the comprehensive provision of SRHR. The separation of SRH from HIV in the MDGs has led to an artificial separation of funding and services and hampered the achievement of improved SRH outcomes as envisaged in the ICPD POA.

Interact Worldwide has focused on effecting greater integration and linkage between SRH&R and HIV and AIDS in policy, financing, health sector development, service delivery and community development. We have leveraged resources for partners to ensure that responses to SRH&R and HIV/AIDS are integrated and linked to better meet the needs of poor, vulnerable and marginalized people and increase aid effectiveness.

We have also championed the role of the Global Fund to Fight AIDS, TB and Malaria, a financing mechanism charged with achievement of MDG 6, to expand its ability to fund RH services which are integrated and linked with HIV services. The Global Fund should sustain and increase efforts to make clear in its guidelines that it supports RH services and the procurement of RH supplies. National governments in low- and middle-income countries can and should submit proposals to the Global Fund that include the procurement of male and female condoms, as well as contraceptives and other RH supplies. Unless men and women have access to the RH supplies needed to ensure good sexual and reproductive health, efforts to achieve the MDGs will continue to be significantly undermined.

[5] PAVHNA.

Addressing comprehensive SRHR should be more explicitly outlined in efforts to achieve the MDGs. The challenges outlined by our partners demonstrate that omissions in the MDGs have led to a limited ability to implement the ICPD POA. The Commission's conclusions should assert that a comprehensive approach to SRHR should be promoted in efforts to achieve the MDGs. This is particularly critical at this time, with the 15th anniversary of the ICPD POA and in preparation for the 10-year review of the MDGs scheduled for 2010. SRHR interventions must be promoted by technical agencies, donors and Governments and funding for SRHR must be reinvigorated to complement the achievement of other health and development goals.

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Statement submitted by World Youth Alliance, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-21296 (E) 100209

Statement*

A person-centred approach to meeting the Millennium Development Goals

The World Youth Alliance joins the international community in working to achieve the Millennium Development Goals. It is critical, if the world is to collaborate successfully in realizing these goals, to examine the Goals in light of population trends in both developed and developing nations. We emphasize especially that the human person must be at the centre of every programme that seeks to alleviate poverty, hunger and disease.[1]

Population growth or decline, and its effect on the economic and social dynamics of individual countries, is an important theme in the discussion on international development. What effect does the growth or decline of population have on a society? Should leaders and policymakers seek to decrease population or fertility in order to foster economic growth? These are questions that need to be answered in light of the reality of the dignity of the human person, if we are to correctly identify resources and direct them to programmes that most benefit people in need. The World Youth Alliance takes as its starting point the conviction that human beings are the world's greatest resource and that human creativity is a natural catalyst for development.[2]

Population policies applied to the Millennium Development Goals

The dignity of the human person offers clear criteria for identifying development policies that will lead to the success of the Millennium Development Goals. Policies must first recognize the great potential of the human person to be a wealth creator, not just a consumer. Human creativity and hard work have driven infrastructure, technology development, and innovation, bringing more food and resources to more people.[3] Policies should focus on creating conditions for human flourishing by prioritizing basic health care, education and vocational training, governance structures that encourage domestic and foreign investment in business, and investment in infrastructure that will give people access to services and markets. Policies that distract from this make persons an obstacle to development rather than its object.

Goal 1: Eradicate extreme poverty and hunger

Poverty and hunger are prevalent on a large scale in developing countries. The goal of eradicating extreme poverty and hunger can be accomplished if communities are empowered to work in solidarity with one another and to optimize resource use. In the developing world, the family and extended family are unmatched in providing shelter, food, care and education to its members, often in

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* Issued without formal editing.

[1] Principle 3 of the ICPD Programme of Action ("the human person is the central subject of development").

[2] World Youth Alliance Declaration on Development; principle 2 of the ICPD Programme of Action.

[3] See generally, Sachs, Jeffrey D., *The End of Poverty*, Penguin, New York: 2005, page 41.

very difficult circumstances. Any policy that aims at reducing the prevalence of hunger and poverty must be oriented around strengthening and protecting families.[4]

Goal 2: Achieve universal primary education

There have been substantial gains in achieving the goal of universal primary education. Enrolment is growing in the developing world, although poverty and disease still prevent many children from attending school. Meeting the nutritional and basic health needs of children is critical not only to their attendance but to their performance in school. An added challenge in many countries, particularly in rural areas, is the training and remuneration of teachers who often work without pay over long periods or opt not to present themselves. These key obstacles to education must be addressed.

Goal 3: Promote gender equality and empower women

In many countries of the world, women are denied their civil rights and opportunities for fulfilment of their talents and aspirations. This is incompatible with lasting development, which will be achieved only where women and men live and work together in mutual respect and solidarity. Facilitating equal access of girls and women to health care, nutrition and education is the first step towards gender equality. It is also critical that the international community address policies, especially work policies, that limit the ability of women to decide for themselves how best to balance their formal and informal commitments. Failure to do this may force women to reduce their fertility even when this is undesired.

Many lessons can be drawn from the demographic crisis that Europe is currently experiencing. Not a single member State of the European Union is currently at the level of 2.1 children per woman needed to replace the population.[5] Indeed, social policy in the European Union is now focused on how to increase the population in order to keep economic, social and political stability.[6] The reduction of fertility levels is leading to a depleted workforce, an ageing population and, ultimately, instability and decreasing economic growth.[7] This state of affairs represents particular risks to women who will represent the majority of any ageing population and will find themselves targets for end-of-life policies, which in Europe

[4] ICPD Programme of Action, principles 9 and 11, action 5.9 ("Governments should formulate family-sensitive policies in the field of housing, work, health, social security and education in order to create an environment supportive of the family").

[5] See generally the 2008 European Demographic Report.

[6] The Second Annual European Demography Forum at the European Commission on November 24th and 25th, 2008; see European Demographic Report 2007, Executive Summary.

[7] Joaquin Alumnina, Commissioner of the European Union, Closing Address to the Second European Demography Forum, November 25th, 2008 ("The economic impact of ageing will make it more difficult to finance our Social Model and to sustain it for future generations...the impact of ageing in the EU will, from 2040 onwards, almost halve the average growth rate of about 2 ½% in recent years"); European Demographic Report 2007, Executive Summary, page 6 ("Demographic change will gradually limit the scope for future employment growth"), 7 ("Projections show that, as employment decreases and productivity becomes the only source of future economic growth, the annual average potential GDP growth rate in the EU-25 will decline from 2.4 per cent in the period 2004-2010 to only 1.2 per cent in the period 2031-2050").

are already marked by a trend towards euthanasia.[8] Policies should focus on giving more opportunities to women so they can choose their own paths in both the formal and informal workplace.

Goal 4: Reduce child mortality

The problem of child mortality can be addressed through strengthening the health-care system, supporting families, and building communities. Access to basic health care for both mothers and their children is a major determinant of child mortality levels.[9] When policies divert resources from ensuring access to basic health care to programmes that focus on reducing fertility, the real needs of women and children cannot be met. Human creativity is needed to determine the best way to guarantee access to basic health-care services, which will ensure that child mortality decreases.

Goal 5: Improve maternal health

As with the goal of reducing child mortality, the focus of any programme to improve maternal health should be on prenatal, post-natal and emergency obstetric care for women.[10] It is too often the case that women, particularly in the developing world, have greater access to services to prevent and terminate their pregnancies than to protect their health during pregnancy and delivery.[11] Such a state of affairs is profoundly disrespectful to these women and is unacceptable.

Goal 6: Combat HIV/AIDS, malaria and other diseases

The keys to reducing the spread of HIV/AIDS are information and education, employment opportunities, healthy lifestyles, access to testing and treatment and prevention of mother-to-child transmission. In order to counter poverty, one of the main factors in the spread of HIV/AIDS, it is necessary to build infrastructure, create jobs, provide palliative care and offer opportunities for people to use their creativity in government and civil society positions.

Goal 7: Ensure environmental sustainability

We place great value on our natural environment as a source of both physical sustenance and immeasurable beauty to be cared for with wisdom and temperance.[12] Meeting the basic needs of human beings for shelter, energy, water, sanitation and food in a timely manner is crucial to preventing and reversing much of the environmental degradation we see today; any environmental crisis is connected to a human crisis. Human creativity is the driver behind policies that will sustain the environment for future generations. New ideas about how to channel energy and

[8] The Netherlands and Belgium have legalized euthanasia. In Switzerland, assisted suicide is legal. In the Netherlands, 25 per cent of doctors have admitted to terminating their patients' lives without an overt request.

[9] A World Fit for Children Plan of Action, paragraphs 35 and 36.

[10] A World Fit for Children Plan of Action, paragraph 37(6) ("Special emphasis must be placed on prenatal and post-natal care, essential obstetric care and care for newborns, particularly for those living in areas without access to services").

[11] Dr. R. L. Walley, FRCSC, FRCOG, MPH, Speech to the U.S. House of Representatives Committee on Foreign Affairs, Subcommittee on Africa and Global Health, March 13th, 2008 (available at http://www.matercare.org/DrWalleyUSHouse.asp).

[12] World Youth Alliance Declaration on Responsible Stewardship.

develop "green" ways of doing business are produced by human beings, the very objects of sustainable development.[13]

Conclusions on the global partnership for development

Person-centred development recognizes that human beings have inherent dignity or worth that is not dependent on a particular time, place or situation in society. The freedom proper to human dignity cannot be compromised for economic goals, no matter how laudable. Human beings are the objects of sustainable development and economic prosperity and all population and development policies must be oriented around this principle. We invite persons at all levels of society to use their creativity, skills and resources to create the necessary environment for authentic development.

[13] Rio Declaration on Environment and Development, principle 1.

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Statement*

Equidad de Género: Ciudadanía, Trabajo y Familia is a non-governmental organization of Mexico founded in 1996 by leading political, academic and social feminists. Since its founding, the organization has worked to develop and strengthen women's leadership in the promotion and defence of sexual and reproductive rights. Members of the organization have participated as official delegates to international conferences, including the International Conference on Population and Development, and its subsequent follow-up meetings.

The Programme of Action of the International Conference on Population and Development was groundbreaking when it was developed and continues to influence both government policy and non-governmental organizations' actions around the world. In the case of Mexico, the Programme of Action of the International Conference on Population and Development has provided the framework for population policy and for many of the political agendas of feminist and women's organizations around the country.

The inclusion of the Millennium Development Goal target to achieve, by 2015, universal access to reproductive health, and its accompanying indicators, contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning, is evidence of a growing recognition of the importance of reproductive health in reducing poverty and improving development outcomes. To this end, Equidad de Género welcomes "Contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals" as the theme for the forty-second session of the Commission on Population and Development.

Like many other Latin American countries, Mexico has been undergoing important economic, political and social changes in the last 30 years. Many of these changes have advanced women's rights and, today, Mexican women's social, economic and political participation is higher than ever before. At the same time, the percentage of young people to which Mexico is home is the largest in its history; however, it anticipates a decline in these numbers over the next 30 years and an increase in its elderly population.

The confluence of these phenomena requires an appropriate and adequate response by the Government of Mexico, including the development and strengthening of programmes, policies and norms related to sexual and reproductive health. It also requires recognition of the contributions of civil society organizations, something that the Programme of Action recognized from the beginning as necessary for achieving its objectives (chap. XV, sect. A, paras. 15.1-15.12).

For Equidad de Género, civil society organizations' most valuable contribution to effective public policy is as an advocate and watchdog, as has been the case in the work that Equidad de Género has carried out in accordance with the Programme of Action of the International Conference on Population and Development and more recently on behalf of the reproductive health target added to Millennium Development Goal 5. Particularly in regard to this target, Equidad de Género has focused its efforts on the indicators related to contraceptive prevalence and demand and adolescent pregnancy.

* Issued without formal editing.

In terms of contraceptive prevalence, Equidad de Género has long defended women's rights to high-quality, personalized and accessible family planning information and care and a full range of contraceptive options. Recent studies have shown that Mexican women are greatly interested in regulating the number, spacing and timing of the birth of their children, and it is crucial that the Government provide them with the adequate means to do so. This includes developing informational campaigns, investing in contraceptive methods and carrying out training for family planning providers. These mechanisms will aid in improving the rate of contraceptive prevalence among Mexican women.

Contraceptive prevalence is closely tied to unmet family planning need, and the strategies used to address one are applicable to the other. For instance, many women do not use contraceptive methods, not because they reject them, but because they are not adequately informed about them, or are not offered a broad enough range of such methods, or because they are uncomfortable with the service provided.

In 2004, Equidad de Género participated with other civil society organizations in pressuring the federal Government of Mexico to include emergency contraception and the female condom in Official Mexican Norm 005-SSA2-1993 for Family Planning Services and, later, in the Essential Medicines List. Equidad de Género followed up this successful advocacy in both 2007 and 2008 with a professional watchdog monitoring programme carried out in 40 local health centres in four States in order to ensure that emergency contraception was indeed available to all who requested it. The monitoring by Equidad de Género had the objective of investigating the degree of fulfilment by the Government of Mexico of its own internal norms.

The results of this monitoring revealed both cultural and institutional barriers to meeting contraceptive needs. For example, only 50 per cent of the public health-care centres had a stock of emergency contraception available, despite its being an obligation of the Government of Mexico, as stated in the Official Mexican Norm for Family Planning Services, to provide this medicine free of charge to the public in these centres. In addition, the lack of specialized training for health personnel constituted a barrier to women's and young people's access.

The results of this monitoring were presented to officials from the national and State ministries of health who committed to ensuring the availability of family planning methods, particularly emergency contraception, and to removing the institutional barriers mentioned. Though continued work is necessary to pressure the Government of Mexico to fulfil its own norms regarding family planning services, this type of advocacy represents an important step.

The topic of adolescent pregnancy is complex and is closely related to women's rights and development. It is also closely related to the other two indicators mentioned in that unmet contraceptive need is traditionally highest among adolescents and contraceptive prevalence traditionally lowest. In fact, in Mexico, the proportion of unmet contraceptive need among adolescents rose from 26.7 per cent in 1997 to 35.6 per cent in 2006. Equidad de Género works towards the reduction of the adolescent birth rate by advocating for comprehensive sexuality education and the establishment of youth-friendly sexual and reproductive health services, both actions being included in the Programme of Action of the International Conference on Population and Development. Unfortunately, conservative groups in Mexico, including the Catholic Church, have been among the primary detractors regarding such actions, at the

expense of young people's knowledge and awareness of sexual and reproductive health issues, including on how to prevent unwanted pregnancies.

The integration of the reproductive health and rights framework pioneered in the Programme of Action of the International Conference on Population and Development into the Millennium Development Goal structure by means of the new reproductive health target for achieving universal reproductive health by 2015, has given organizations like Equidad de Género a new tool for engaging in advocacy and monitoring of Government institutions. The forty-second session of the Commission on Population and Development is an excellent opportunity to exhort Governments everywhere to invest in the reproductive health of their population and establish or strengthen programmes and policies. If governments are serious about development, they will take steps to ensure that the content of the goals of the Programme of Action do not remain on paper. The example of Mexico shows that the Government's commitment is only as strong as the demand for it and that civil society participation is fundamental to the fulfilment of objectives set forth in the Programme of Action. There is still a long road ahead, but the continued integration of the Programme of Action into internationally agreed development goals is essential for reaffirming this commitment.

United Nations E/CN.9/2009/NGO/9

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Commission on Population and Development
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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by the Catholics for a Free Choice, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-21302 (E) 170209

Statement*

Background

Catholics for a Free Choice (CFC) shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the capacity of women and men to make moral decisions about their lives. Through discourse, education and advocacy, CFC works with a global network of pro-choice Catholics in Europe and the rest of the world, including sister organizations throughout Latin America. Catholics for a Free Choice has consultative status at the United Nations through the Economic and Social Council.

CFC supports policymaking and governing structures that make a clear separation between church and state. At the same time, we also recognize that religion can make a positive contribution to law and policymaking, particularly in relation to social justice and the dignity of the human person. We strongly support the right of religious institutions to participate in the life of nations, to express their values, and even to attempt to influence public policy, but do not feel that religious organizations should be granted special dispensation merely because they are religious.

Introduction

Over the past two decades, the United Nations has, through a series of international conferences and plans of action, addressed a number of serious problems facing the world and its people: human rights, the environment, population and development, social development, housing and women's rights. Few areas have been more contentious or difficult than the question of reproductive health, which embodies differing, deeply embedded political and religious views of women's rights, gender and sexuality.

At the UN International Conference on Population and Development, held in Cairo in 1994, a Programme of Action was adopted by the world's governments. The next year, the Fourth World Conference on Women in Beijing continued this work. More recently, the Millennium Declaration in 2000 outlined a series of goals (the Millennium Development Goals or MDGs) to improve the lives of the world's poor and marginalized.

Our support for the Programme of Action and the MDGs comes from the perspective of values and principles enlightened by the Catholic social justice tradition. The agreements reached at the Cairo Conference represented what has been called by many a "paradigm shift" in the world's approach to development. In this shift, an emphasis on demographic targets gave way to an emphasis on human needs and the common good. In the new paradigm, we see hope, a reverence for life, health and well-being, and an impulse toward respect for human dignity, social justice and equality among all people. Especially evident in the Programme of Action is a new-found respect for the moral agency of women. This paradigm shift was continued in the MDGs.

Our primary area of concern is in how the institutional Catholic Church, the hierarchy, responds to these crises, and how its response impacts the work of governments and the United Nations around the world. While we could provide many detailed examples of Vatican interference, we have chosen to outline two that we feel reflect the reality of the Catholic hierarchy's positions on these matters and the urgency for action to stem its influence in public policy decisions.

Curtailing Support for the Millennium Development Goals

In September 2005, Catholics for a Free Choice initiated an interfaith religious statement supporting the Millennium Development Goals (MDGs) and calling for the inclusion of reproductive health.

The broad-based statement, "A Faith-filled Commitment to Development Includes a Commitment to Women's Rights and Reproductive Health: Religious Reflections on the Millennium Development Goals", was focused on the MDGs and poverty eradication. It was an initiative of the International Interfaith Network for Development and Reproductive Health, a project sponsored by Catholics for a Free Choice, and is available online at www.catholicsforchoice.org/news/pr/2005/documents/mdgreligiousenglish.pdf.

However, high-ranking Vatican officials instructed Catholic bishops to ensure that "no 'religious leaders' of the Catholic Church and subject to our jurisdiction agree and sign" the statement.

* Issued without formal editing.

A memo issued by Cardinal Angelo Sodano articulating the Vatican's orders resulted in bishops' conferences warning bishops throughout Latin America against signing the declaration. The Vatican's order put forward oft-repeated misinformation regarding United Nations definitions of reproductive health, insisting that they include abortion, and mischaracterized the religious leaders' declaration as a statement promoting abortion. The memo was leaked to the Latin American press and was widely seen as part of an ongoing effort by the Vatican to eliminate any references to reproductive health in United Nations documents.

US Government Funding to Mitigate the Impact of the HIV and AIDS Pandemics, 2008

We have serious concerns about the Vatican's continued and active lobbying around the world and at the United Nations to restrict people's access to condoms, claiming that condoms cause AIDS, not prevent it. An excellent example of this took place in the US Congress in 2008.

The Lantos/Hyde HIV/AIDS Global Leadership Act was gutted of several practical, life-saving programs as a result of lobbying by the US Conference of Catholic Bishops.

Despite increasing funding overall, the US Congress:

- decoupled vital family planning services that can prevent mother-to-child transmission of HIV;
- expanded the "conscience clause" that enables organizations receiving US funding to pick and choose the prevention and treatment services they wish to provide;
- retained the anti-prostitution pledge, further marginalizing an extremely at-risk group;
- imposed a complex formula that calls for at least 50 per cent of prevention funding to be spent on abstinence and faithfulness programs, rather than allowing experienced agencies to decide how best to spend the funds depending on local circumstances.

The US bishops, in partnership with Catholic Relief Services (CRS), lobbied hard for these damaging measures from a self-serving perspective that few Catholics share, let alone those of other and no religious preference. Catholics in the United States and elsewhere support aid for international family planning and reject abstinence-only programs. Studies show that properly directed funding for international family planning programs saves women's lives and the lives of their children when those women have HIV/AIDS. Many studies, including some sponsored by the US Congress, show that abstinence-only programs do not work. The bishops ignored this evidence to ensure that their own narrow, out-of-the-mainstream beliefs held sway.

These examples are not isolated. It is interesting to note that as reproductive rights become more accepted throughout the world, and significant moves have been made to legalize abortion in regions (such as Latin America) that the Catholic hierarchy once considered to be its own backyard, the bishops are speaking out more and more vehemently. The recent outbreak of Catholic bishops attacking pro-choice Catholic politicians is a real sign that the Vatican may recognize that it is fighting a losing battle. After decades of the hierarchy's being able to rely on Catholic politicians to bend the knee when bishops told them how to vote, times are changing.

Moving Forward

The following are the core values we would like to see infused into public policy:

Reproductive Health and Rights

Reproduction is one of the most important and profound aspects of human life and relationships. Through reproduction, we express our hope in the future of humanity. Reproduction is both private and public. It has undeniable consequences for the community and society at large. It is also a matter of public health, religious teachings and government policy. It is an area in which women are the central protagonists, for it is women who bear the risks and consequences of childbearing and the greater responsibility for childcare. In the just world we work toward, these risks and responsibilities will be equally shared by men and better supported by society.

An ethically based approach to reproductive health and rights has several underlying principles. First, it must be voluntary rather than coercive. The imposition of external limits on family size is unacceptable. Couples must have the right to decide when, whether and how to bring new life into the world. Second, it must be comprehensive rather than focused on

family planning alone. Women's reproductive health cannot be extricated from their health, and programs must provide a wide range of services. Third, it must be seen as an integral aspect of human rights. Reproductive rights are grounded in previously recognized human rights. This right was first recognized in 1968 at the International Conference on Human Rights in Tehran, Iran (Islamic Republic of). Fourth, it must be tied irrevocably to respect for the rights of conscience and free will. Couples consider a range of concerns in making the decision whether to have a child. The community, family, religious teachings and social conventions will play a role in reproductive decisions, but in each decision, the individual conscience has the ultimate say.

Contraception

Bringing children into the world is a major responsibility. Safe and effective contraception not only makes responsible procreation more possible, it also allows for a satisfying, pleasurable sexual life with diminished fear of unintended pregnancy. Furthermore, the control over fertility that contraception offers has allowed women to develop aspects of their lives beyond motherhood and prevents the need for abortion.

The Vatican supports, in fact encourages, the practice of family planning, for it recognizes the moral imperative of responsible parenthood. However, only "natural family planning", a set of methods that involve periodic abstinence, is allowed. Making only one method available—and one that does nothing to protect against sexually transmitted diseases – cruelly ignores the reality of people's lives. Women and men must freely decide not only whether they wish to use contraception, but which method is best for them.

Couples worldwide, Catholic and non-Catholic alike, have indicated that they need and want to use contraception. We endorse a commitment to voluntary family planning programs that include a full range of safe, effective and affordable contraceptive choices.

HIV/AIDS

Society's and individuals' responses to AIDS must be rooted in compassion, responsibility and a commitment to life. These principles require that efforts to prevent the spread of HIV must include condoms and condom instruction. Couples should be encouraged to use them to prevent transmission of HIV. We reject the Vatican's opposition to condom use, and we stand with a science- and compassion-based approach to treating and preventing this tragic disease.

Safe Abortion

Abortion is a complex moral and social issue. The Vatican's opposition to abortion is compromised by its unwillingness to accept contraceptive services and devices even though they reduce the need for abortion. Even taking into account Vatican opposition to abortion, we remain puzzled by Vatican objections to abortion being safe where legal. This dismissal of safe abortion by the church hierarchy is insensitive to the realities women face and to the number of women who die from unsafe abortions every day. Because women everywhere resort to abortion, the alternative to safe abortion is, of course, unsafe abortion.

The hierarchy's preoccupation with eliminating abortion from the world prevents the real issues of justice and health for women from being addressed. Such an absolutist position fails to acknowledge the ambiguity and doubt regarding fetal life and ignores the range of moral complexities surrounding each situation. In all cases, it is the poor who suffer most.

In conclusion, we would like others to join us in bringing pressure to bear on the church hierarchy to:

- Work with women's organizations to incorporate into their life-education programs instruction not only about responsible parenthood, but also on the goodness of sexual pleasure and importance of informed choice;
- Educate Catholics about the church's teachings on primacy of conscience, so they can understand how these apply to women and men faced with personal decisions regarding their reproductive health and lives;
- Introduce comprehensive health-care and education programs into the teachings, prevention programs and care and treatment of patients in Catholic health-care facilities so that the people they serve can make informed choices about their health and lives;
- Recognize and address the health impact of unsafe abortion as a major public health issue.

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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by Action Canada for Population and Development, Amnesty International, Center for Reproductive Rights, Center for Women's Global Leadership, Development Alternatives with Women for a New Era, Family Care International, Federation for Women and Family Planning, Human Rights Watch, International Alliance of Women, International Planned Parenthood Federation (Western Hemisphere region), International Women's Rights Action Watch, IPAS and Physicians for Human Rights, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-21314 (E) 050209

Statement*

1. As civil society organizations concerned with women's health and human rights, we welcome the theme for the 42nd session of the Commission on Population and Development, "The contribution of the Programme of Action of the International Conference on Population and Development (ICPD) to the internationally agreed development goals, including the Millennium Development Goals".

2. For the past decade and a half, the ICPD Programme of Action has provided guiding principles for a global agenda on family planning, reproductive and sexual health, sustainable development, women's empowerment and gender equality, as these issues relate to population and development policies. The principles set out in the Programme of Action, which are grounded in international human rights law, are highly relevant to the fulfillment of the commitments made through the United Nations Millennium Development Campaign, which sets out specific goals and indicators in many of the areas covered by the Programme of Action. As a first and general recommendation, the organizations submitting this statement therefore urge UN Member States to renew their focus on non-discrimination and autonomy as human rights. The conception and implementation of all population and development policies should be permeated by a concern for the guarantee of these rights.

3. This statement is specifically concerned with the elimination of preventable maternal mortality and morbidity. The organizations submitting this statement recommend detailed attention to the 15 Principles spelled out in the Programme of Action as relevant to the fulfillment of Millennium Development Goal 5 (MDG 5) on improving maternal health. In this connection, we call particular attention to principles 1, 3, 4 and 8, which reaffirm the interconnections between human dignity and rights; the need to eliminate all kinds of violence against women and to ensure women's ability to control their own fertility; the importance of guaranteeing universal access to reproductive health services; and the fact that lack of development may not be invoked to justify the abridgement of human rights. A human rights-centered approach is imperative to ensure effective, equitable, sustainable, empowering, participatory and adequately resourced programs and policies to reduce maternal mortality and morbidity. Human rights violations underlie the magnitude and global distribution of preventable maternal morbidity and maternal mortality, which is estimated at half a million annual deaths worldwide.

4. Our experience and research tell us that several factors—beyond those linked to MDG 5 as formal indicators—have contributed to stagnating or deteriorating progress towards reduction of maternal mortality and morbidity. These factors include various forms of social exclusion, discrimination, inadequate human and budgetary resources for health, lack of access to high-quality sexual and reproductive health care and information, armed conflict, violence against women, a failure to adequately train health-care providers to provide safe abortions as allowed by law, and a high HIV burden. All of these factors are recognized in the Programme of Action and the Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, presented at the 1999 General Assembly review. They should be adequately addressed in the policies and programs aimed at fulfilling MDG 5, and should be highlighted in the outcome document of the Commission's 42nd session.

5. In this connection, we also urge UN Member States to reaffirm their commitment to achieving the MDG target on universal access to reproductive health, which includes, based on the concept of informed choice, the availability of accessible, affordable, appropriate and high-quality reproductive health services, particularly in the context of primary health care; appropriate education and information on sexual and reproductive health, including family planning; focused and effective prenatal care; maternal nutrition programs; control of infectious diseases; adequate delivery assistance that avoids excessive recourse to Caesarean sections, episiotomy, administration of oxytocin, and other medical procedures, and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; and post-natal care and family planning.

* Issued without formal editing.

6. More specifically, we believe the Commission on Population and Development at this, the 15th Anniversary of the Programme of Action, and considering the special attention to accountability and human rights in the Programme, should include in the outcome for its 42nd session a commitment to the following key components:

   a. A recognition that maternal mortality and morbidity is a global health emergency and a serious public health problem;

   b. A recognition that systemic failure to prevent maternal deaths constitutes a failure to respect and protect women's right to life; a reiteration of the understanding that the causes of maternal mortality and morbidity also involve violations of other human rights, including the right to the highest attainable standard of physical and mental health and integrity as well as the right to equality and non-discrimination in access to basic health care; and a call to the Human Rights Council to discuss the obligations related to this essential human rights issue before the end of 2009;

   c. An explicit recognition of the need to close the disparity between maternal mortality and morbidity rates in industrialized and developing countries, and also within countries, including through devoting the maximum available resources to increase the investment to enlarge and improve human resources for health; fulfilling financial commitments on international cooperation, and greater resources; and committing to strengthen comprehensive primary health systems and basic health infrastructure, including allocations for monitoring, supervision, basic national health-system functions, accessibility and affordability of essential drugs, community monitoring and other necessary support functions;

   d. A reaffirmation of the interdependence between development and population policies, and of the importance of developing programs and policies to address the underlying determinants of health that are essential to prevent maternal mortality and morbidity, such as women's and girls' participation in health-related decision-making processes, information on sexual and reproductive health, including comprehensive sexuality education, literacy, stable livelihoods, nutrition, eradication of violence against women and girls, non-discrimination and gender equality, as well as the need to modify the social and cultural patterns of conduct of men and women with a view to the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;

   e. An urgent call to all UN Member States to ensure the regular collection of reliable and timely data, disaggregated at least on the basis of age, race, ethnicity, socio-economic status and residence (urban/rural), to guide implementation and evaluation of national action plans and global strategies for addressing all causes of maternal mortality and morbidity; to use established indicators and benchmarks for reducing maternal mortality and morbidity; and to ensure reporting on in-country and official development assistance-based measures to achieve these benchmarks;

   f. An urgent call to all UN Member States to guarantee the existence of accessible, transparent and effective monitoring and accountability mechanisms at the national and international levels that could lead to a constant improvement of the existing policies and programs to reduce maternal mortality and morbidity;

   g. An urgent call to all UN Member States to adopt and enact policies and legal frameworks to reduce incidence of unwanted pregnancies and unsafe abortion, as well as to provide safe and accessible comprehensive abortion services to the fullest extent of the law;

   h. An urgent call to the international community and to UN agencies to provide cooperation and assistance to Member States to support them in implementing effective and comprehensive programs and policies to combat all causes of maternal mortality and morbidity;

i. A recognition that the full implementation of the Millennium Development Goals—and of MDG 5 in particular—requires a more directed and independent accountability and oversight effort at the international level;

j. A request to the Secretary-General that he present a report to the 43rd Commission on Population and Development with a detailed recommendation for such systematic, human rights-based accountability and oversight.

Note

Statement also supported by the following non-governmental organizations: ASTRA: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights, Egyptian Initiative for Personal Rights, International Initiative on Maternal Mortality and Human Rights, MULABI: Espacio Latinoamericano de Sexualidades y Derechos and the Sexual Rights Initiative.

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Statement submitted by International Women's Health Coalition

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2009/1.

09-24307 (E) 040309

Statement*

1. Five years remain to achieve the Program of Action agreed to at the International Conference on Population and Development (ICPD). The Programme of Action provides the foundation stone — a blueprint in fact — to achieve the eight Millennium Development Goals. The heart of the Programme of Action and a target under MDG 5 is universal access to sexual and reproductive health and protection of reproductive rights. Only when we achieve this target will we secure social justice and human rights for all.

2. Let us all commit to three core actions in the next five years:

   a. Implement comprehensive reproductive health services, which include family planning; skilled care during pregnancy and delivery and postpartum; access to safe abortion; prevention, care, and treatment for sexually transmitted infections, including HIV.

   b. Strengthen health systems to ensure equitable access to these services, information and sexuality education, particularly for the largest ever generation of adolescents.

   c. Prioritize policies, programs, and legislative and judiciary action to protect the human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

3. In this time of economic uncertainty there is no more important investment to be made. Only healthy women whose human rights are protected can be fully productive workers and effective participants in their country's political processes. Only when women are healthy and empowered can they raise and educate healthy children. These are the building blocks of stable societies and growing economies, and imperative in their own right.

* Issued without formal editing.